San Diego County Behavioral Health Services Contract: **CCISC Initiative Quarterly Program Report** Program: Date: _____ Submitted by: If you are "progressing", please rate on a scale of 1-10 with 1 meaning just started and 10 meaning near completion. Date Completed Not Started Progressing **Item Measured / Implementation** Verification Comments No. Signed CCSIC charter or Each Participating Program Administrator has signed the CCISC Charter Letter of Commitment from CEO on file Each Participating Program utilizes the COMPASS Annual COMPASS annually to self-survey dual diagnosis capability. completion Each Participating Program develops a Dual Diagnosis COMPASS and Action Plan Capable Action Plan upon completion of the completed COMPASS and incorporates At a minimum: Screening Assessment Treatment Plan **Progress Notes**

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ltem No.	Item Measured / Implementation	Verification	Date Completed	Progressing	No Started	Comments	
	Discharge summary	Chart reviews					
	Medication planning when appropriate.						
	• Referrals						
	• Other						
4	 The PP has identified leads responsible for implementation of dual dx capability Program cadre available to provide and attend trainings. Each clinician will complete CODECAT and develop individualized or group training plan. 	 On file: Staff sign-in lists reflect training by Cadre leads; Trainer/lead activities CODECAT completion 					
5	 Develop Mission and/or Welcoming Statements that reflect dual dx capability Develop P & P to support Mission and Welcoming statements that reflect dual dx capability 	 Include in new Staff Orientation Incorporate into an existing staff meeting. Record Date Available to clients at intake, i.e. posters, brochures and /or at orientation 					
6	 Individuals with dual diagnosis are routinely counted and reported in system management information systems. 	MIS reports on other factor codes (MH only)					